

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # N99000007538

1. Entity Name

HEALING ANGELS CORPORATION

Principal Place of Business

1107 THORNWOOD DRIVE
OLDSMAR FL 34677

Mailing Address

1107 THORNWOOD DRIVE
OLDSMAR FL 34677

2. Principal Place of Business

1107 Thornwood Dr.
Suite, Apt. #, etc.

3. Mailing Address

1107 Thornwood Drive
Suite, Apt. #, etc.

City & State
Oldsmar, FL

Zip
34677

Country
USA

City & State
Oldsmar, FL

Zip
34677

Country
USA

4. FEI Number

59-3621694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDSTETTER, ALLISON ESQ.
109 NORTH BRUSH STREET
SUITE 400
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Michael Thomas Sklaruk

Street Address (P.O. Box Number is Not Acceptable)

1107 Thornwood Drive

City
Oldsmar

FL

Zip Code
34677

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Michael Thomas Sklaruk
Signature, typed or printed name of registered agent and title if applicable.

Michael Thomas Sklaruk, President

3/10/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Treasurer
Michael Thomas Sklaruk
1107 Thornwood Dr.
Oldsmar, FL 34677

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Gail Marsh
2504 Ridgewood Dr.
Tampa, FL 33602

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Annemarie Sklaruk
1107 Thornwood Dr.
Oldsmar, FL 34677

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: *Michael Thomas Sklaruk* Michael Thomas Sklaruk, Pres. 3/10/00 813-396-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #